## Labor Organization Officer and Employee Report in the Communication of t

## U.S. Department of Labor

Office of Labor-Management Standards



This report is mandatory under P.L. 86-257, as amended. Failure to criminal prosecution, fines and civil penalties as provided by 29 U.S			OMB No. 1214-0001 12/31/86
		-4 € 3210 to 1.	005511
. Name and address of person filing	2. Name and address of lat	oor organization	
WILLIAM C. BURKE, JR	WFCW	LOCAL	400
416 STUAWRENCE DRIVE	4301 GA	PRDEN C	ITY DRIVE
SILVER SPRING MD 2090	LANDOVE	PR MD 2	0785
	31, 2001		
Enter appropriate data below if, during the past fiscal year, you or yerests (except as specified in the exclusions set forth in the instru		ectly of indirectly f	ad any of the following in-
<ul> <li>Held an interest in, engaged in transactions (including loans) w employer whose employees your organization represents or is</li> </ul>		r economic benefit	of monetary value from an
6. Name of Employer	Address of Employer		
7. Nature of Interest, Transaction or Income	s and delta		
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and a shadela commit, which the past decely you can		ec. torrest of	FTBLACTIBE BODY
10 7 7 F		-	
B. Held an interest in or derived income or economic benefit with more from, selling or leasing to, or otherwise dealing with the business of seeking to represent, or (2) any part of which consists of buying fror organization or with a trust in which your labor organization is interest.	f an employer whose employees m or selling or leasing directly or	vour labor organiza	tion represents or is actively
3. Name of business	Address of business		,,,
PAGE ONE PHOTOGRAPHY, INC	2441 LIN	DEN LAN	VE ND 20910
Business deals with—	10. If 9B or 9C is checked of		
A office ables as stower.	O' tra eapt ruid di rusk tesnu		A 1 1 1
C		2 - Company	Control of Value of
11. Nature and approximate dollar value of such dealings  40 70 OWNER OF PAGE  12. Nature of interest held or income received	CE ONE PHUI	DERRIPH	LY, INC.
PHOTOGRAPHIC	SERVICES.	2001	
PHOTOGOTHE			
		二 # 10,	
C. Received from any employer (other than an employer covered u	inder parts A and B above) or fr	om any labor relation	ns consultant to an employer
any payment of money or other thing of value			
Name and address of employer  or consultant	14. Nature of payment		OOL ES
13. Name and address of superys			S Redd 7
			JAZ E OF
			CANS DE
IF MORE SPACE IS NEED	ED ATTACH ADDITIONAL SE	IEETS	t including
			nation in this report, including is knowledge and belief, true,
the attachments incorporated the	, has been examined by him an	o is, to the best of h	
correct and complete.	1100 0000111	MD	on 3-26-02
11 A Muller . SIL	VEIL SPIPING	State	Date
Signed: Was Muel at SIX			Form LM-30 (Rev. 1986